

ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2009

OF THE CONDITION AND AFFAIRS OF THE

Group Hospitalization and Medical Services, Inc.

•	380 , 00380 (Prior Period)	NAIC Compa	ny Code 53007	Employer's ID Number	53-0078070
Organized under the Laws of	District of (Columbia	, State of Domicile or	Port of Entry Distri	ct of Columbia
Country of Domicile			United States		
Lisana ad an bundana a buna.	ifa Assidant 9 Haalth []	Dranarty//	Couple 1	posital Madical & Dontal Con	rice or Indomnity [V]
,, <u> </u>	Life, Accident & Health [] Dental Service Corporation [ospital, Medical & Dental Ser ealth Maintenance Organizat	
		•	Federally Qualified? Yes [J	ion []
	Other[]	is nivio,	redefally Qualified? Tes [
Incorporated/Organized	08/11/1939		Commenced Business _	03/15/19	34
Statutory Home Office		Street NE	,	Washington, DC 200	
	(Street a	nd Number)		(City, State and Zip Cod	e)
Main Administrative Office			10455 Mill Run Circl (Street and Number)	e	
	gs Mills, MD 21117 , State and Zip Code)		, , , , , , , , , , , , , , , , , , ,	410-581-3000 rea Code) (Telephone Number)	
Mail Address	10455 Mill Run Circl	le	(7-1	Owings Mills, MD 21117	
	(Street and Number or P.O. I			(City, State and Zip Code)	
Primary Location of Books and	d Records		10455 Mill		
	gs Mills, MD 21117	,	`	d Number) 410-998-7011	
	, State and Zip Code)		,	de) (Telephone Number) (Extension)	
Internet Web Site Address			www.carefirst.com		
Statutory Statement Contact	William Vin		<u> </u>	410-998-7011 (Area Code) (Telephone Number) (E	extension)
	ack@carefirst.com (E-Mail Address)	<u> </u>		410-998-6850 (Fax Number)	
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			CERS		
Name	Tit President and C		Name	Corn Secret	Title ary, Exec. VP & Gen.
Chester Emerson Burrel	I , Offi	cer	John Anthony Pic		Counsel
Jeanne Ann Kennedy	, Corp. Treas		FEIGERO	,	
Glenn Rothman	, SVP, Shared	OTHER O	David Donald Wo	olf EV/D Ma	edical Systems
Gregory Mark Chaney	EVP, 0	CFO	Gregory Allen Dev	vou , EVP, Ch	nief Mktg Officer
Michael Bruce Edwards Fred Adrian Walton Plumb	,,		Gwendolyn Denise S Michael John Felb		eneral Auditor /P, Sales
Sharon Jean Vecchioni	EVP, Chie	f of Staff	Rita Ann Costell	o , SVP, Stra	ategic Marketing
Maria Harris Tildon Dennis Allen Cupido	SVP, Publ SVP, ASU-La		Jon Paul Shematek, Kenny Waitem Ka		ef Medical Officer Chief Actuary
Derinis Allen Cupido				SVP, Strate	gic Managed Care
Andrew Francis Sullivan Steven Jon Margolis #			Kevin Charles O'Ne		nitiatives VP, CIO
		<u>-</u>	R TRUSTEES		<u> </u>
Elizabeth Oliver-Farrow			Linda Washington C	Cropp Larry D	onovan Bailey
Carlos Mario Rodriquez			Nathaniel Thomas Co		Ford Fields
Natalie Olivia Ludaway	Robert Le	e Sloan	Ralph John Rohne	er	
State of					
County of		ss			
•		a and agy that they a	the described officers of said	d reporting entity, and that on th	a rangeting paried stated
The officers of this reporting entity above, all of the herein described					
that this statement, together with liabilities and of the condition and	related exhibits, schedules and	l explanations therein	contained, annexed or referre	ed to, is a full and true stateme	ent of all the assets and
and have been completed in according differ; or, (2) that state rules	rdance with the NAIC Annual Sta	atement Instructions a	nd Accounting Practices and P	Procedures manual except to the	extent that: (1) state law
knowledge and belief, respectively	y. Furthermore, the scope of this	attestation by the de	scribed officers also includes t	the related corresponding electro	onic filing with the NAIC,
when required, that is an exact coregulators in lieu of or in addition to		ences due to electror	ic filing) of the enclosed stater	ment. The electronic filing may	be requested by various
Chester Emerson President and Chief Ex			ony Picciotto c. VP & Gen. Counsel	Jeanne Ann I Corp. Treasu	
Fresident and Chief EX	ecutive Officer C	orp.secretary, exe		•	
Subscribed and sworn to bef	ore me this		a. Is this b. If no:	an original filing?	Yes [X] No []
day of	,		1. Sta	te the amendment number	0
				te filed wher of pages attached	

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals						
Group subscribers:					İ	
FEP				1,059,944	1 ,059 ,944	203,339,102
			·····			
0299997 Group subscriber subtotal	203,339,102	0	0	1,059,944	1,059,944	203,339,102
0299998 Premiums due and unpaid not individually listed	23,634,019	5,950,794	712,885	1,461,570	1,461,570	30,297,698
0299999 Total group	226,973,121	5,950,794	712,885	2,521,514	2,521,514	233,636,800
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 13)	226,973,121	5,950,794	712,885	2,521,514	2,521,514	233,636,800

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 2 3 4 5 6 7											
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	/ Admitted					
Pharmaceutical rebate receivables											
0199998 - Aggregate of amounts not individually listed above.	6,136,209	3,884,231	9,397	31,423	31,423	10,029,837					
0199999 - Totals - Pharmaceutical rebate receivables	6,136,209	3,884,231	9,397	31,423	31,423	10,029,837					
Claim Overpayment Receivables	1		T								
0299998 - Aggregate of amounts not individually listed above.				2,244,364	2,244,364	0					
0299998 - Aggregate of amounts not individually listed above. 0299999 - Totals - Claim Overpayment Receivables	0	0	0	2,244,364	2,244,364	0					
Loans and Advances to Providers		<u>'</u>									
						04 400 000					
0399998 - Aggregate of amounts not individually listed above. 0399999 - Totals - Loans and Advances to Providers	34,100,300			0		34,100,300					
Osesses - Totals - Loans and Advances to Providers Other Receivables	34,100,300	0 [0	0	0	34,100,300					
Other receivables			T		1						
0699998 - Aggregate of amounts not individually listed above.	10,254,788	30,209	308,009	1,855,432	1,855,432	10,593,004					
0699998 - Aggregate of amounts not individually listed above. 0699999 - Totals - Other Receivables	10,254,788	30,209	308,009	1,855,432	1,855,432	10,593,004					
											
	 										
											
											
	 										
											
											
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	†										
0799999 Gross health care receivables	50,491,297	3,914,440	317,406	4,131,219	4,131,219	54,723,141					

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

	Aging Analysis of Unpaid	Claims				
1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
						0
					-	
	·····					
0199999 Individually listed claims unpaid	0	0	0	0	0	0
0299999 Aggregate accounts not individually listed-uncovered 0399999 Aggregate accounts not individually listed-covered						Ω
0399999 Aggregate accounts not individually listed-covered	13,237,470	1,624,486				14,861,956
0499999 Subtotals	13,237,470	1,624,486	0	0	0	14,861,956
0599999 Unreported claims and other claim reserves						266,663,829
0699999 Total amounts withheld						004 505 705
0799999 Total claims unpaid						281,525,785
0899999 Accrued medical incentive pool and bonus amounts						C

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	1 4	5	6	Admit	ted
	_				_	7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
CASCI	2,819,844					2,819,844	
CASCI	1,575,948					1,575,948	
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			1				
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			ļ	ļ			
0.100000 Individually listed receivebles	4,395,792		ł	ł	 	4,395,792	Λ
0199999 Individually listed receivables	163,366	U	ļ ⁰	ļ ⁰	J	163,366	0
0200000 Total gross amounts receivable	103,300	0	0	0		103,300	Λ
0399999 Total gross amounts receivable	4,559,158	0	1 0	1 0	0	4,559,158	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
CareFirst Of Maryland, Inc. CareFirst BlueChoice	Revenue and General Admin expense	20,040,686	20,040,686	
CareFirst BlueChoice	Revenue/Claim collection intermediary	18,789,474	18,789,474	
1100000 Individually listed payables		38,830,160	38,830,160	Λ
0199999 Individually listed payables 0299999 Payables not individually listed 0399999 Total gross payables				l
0299999 F againes flot illuvidually listed		38,830,160	38,830,160	۸
obasasa Total Gloss hayanies		JO, OJU, 10U	JO,03U, IUU	0

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups		0.0		0.0		
Intermediaries	8,788,981	0.3	1,208,322	140.2		8,788,981
3. All other providers	1,479,832	0.0	495,722	57.5		1,479,832
Total capitation payments	10,268,813	0.3	1,704,044	197 . 7	0	10,268,813
Other Payments:						İ
5. Fee-for-service		0.0	XXX	XXX		
Contractual fee payments	2,864,796,578	99.6	XXX	XXX		2,864,796,578
Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		<u> </u>
Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		<u> </u>
9. Non-contingent salaries	0	0.0	XXX	XXX		İ
10. Aggregate cost arrangements	0	0.0	XXX	XXX		<u> </u>
11. All other payments	0	0.0	XXX	XXX	-	
12. Total other payments	2,864,872,442	99.6	XXX	XXX	0	2,864,872,442
13. Total (Line 4 plus Line 12)	2,875,141,255	100 %	XXX	XXX	0	2,875,141,255

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4 Average	5	6 Intermediary's
			Average Monthly	Intermediary's	Intermediary's Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC
	Magellan Health Services.	4,509,122			
	Davis Vision	4,279,859	356,655		
9999999 Totals		8,788,981	XXX	XXX	XXX

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment	14,598,325		10,285,163		4,313,162	
Medical furniture, equipment and fixtures						
Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
Other property and equipment	5,910,179		3,203,539		2,706,640	
6. Total	20,508,504	0	13,488,702	0	7,019,802	0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Group Hospitalization and Medical Services, Inc.

NAIG O O . I	E Brader (Colt and)			DUDING THE VEAD	0000			(LOCATION)	10.0	50007
IAIC Group Code 00380 BUSINESS IN THE STATE O	F District of Columbia	Compre	hensive	DURING THE YEAR	2009			NA NA	C Company Code	53007
	1	(Hospital a	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	501,406	14,488	96,343	1,760		3,382	347 , 426			38,00
2 First Quarter	499,409	12,432	96,157	1,762		3,505	350,245			35,30
3 Second Quarter	500,908	13,141	96,388	1,783		3,436	350,957			35,20
4. Third Quarter	503,022	13,670	95,225	1,814		3,455	352,398			36 , 46
5. Current Year	502,180	13,289	92,798	1,837		3,469	354,275			36,51
6 Current Year Member Months	6,010,242	156,323	1,145,714	21,457		41,660	4,216,466			428,62
Total Member Ambulatory Encounters for Year:										
7. Physician	4,509,586	114,302	1,118,572	42,550			3,233,990			17.
8. Non-Physician	784,517	17,310	161,681	7,070			598,435			2
9. Total	5,294,103	131,612	1,280,253	49,620	0	0	3,832,425	0	0	19
10. Hospital Patient Days Incurred	235,635	4,182	36,476	5,514			189,433			3
11. Number of Inpatient Admissions	44,852	838	8,929	856			34,224			
12. Health Premiums Written (b)	2,023,213,990	35,969,253	395,073,984	4,383,472		13,619,007	1,568,732,026			5,436,24
13. Life Premiums Direct	0					0				
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	1,972,702,831	35,969,253	395,073,984	4,383,472		13,619,007	1,518,220,867			5 , 436 , 24
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	1,839,128,535	35,071,384	323,689,038	3,362,113		9,313,935	1,465,516,935	(102,460)		2,277,59
18. Amount Incurred for Provision of Health Care Services	1,821,727,052	35,430,125	320,607,488	3,419,696		9,539,060	1,450,425,693			2,304,99

⁽a) For health business: number of persons insured under PPO managed care products 462,437 and number of persons under indemnity only products 4,902

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Group Hospitalization and Medical Services, Inc.

VAIC Group Code 00380 BUSINESS IN THE STATE C	NE Mandand			DURING THE YEAR 2	2000			(LOCATION)	C Company Code	53007
AIC Gloup Code 00360 BOSINESS IN THE STATE C	1	Comprel (Hospital &	hensive Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
Prior Year	261,738	12,906	165,505	1,750		4,643		5		76,929
2 First Quarter	230 , 147	15,873	164,913	1,693		4,331		65		43 , 272
3 Second Quarter	228,870	17 ,235	162,269	1,641		3,806		65		43 , 854
4. Third Quarter	223,678	17 ,879	159,891	1,600		5,508		63		38 ,737
5. Current Year	228,970	18,976	159,616	1,543		9,315		63		39,457
6 Current Year Member Months	2,732,118	206,348	1,948,060	19,635		62,419		767		494,889
Total Member Ambulatory Encounters for Year:										
7. Physician	622,727	44,702	572,249	5,776						
8. Non-Physician	108,118	5,843	101,405	870						
9. Total	730,845	50,545	673,654	6,646	0	0	0	0	0	C
10. Hospital Patient Days Incurred	22,938	1,188	21,017	733						
11. Number of Inpatient Admissions	5,770	314	5,308	148						
12. Health Premiums Written (b)	761,323,562	44,334,785	651,237,685	4,161,123		50,149,393		882,849		10 , 557 , 727
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	761,323,562	44,334,785	651,237,685	4,161,123		50 , 149 , 393		882,849		10 , 557 , 727
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	636,770,173	33,606,157	558,896,706	3,082,182		34,591,158		674,766		5,919,204
18. Amount Incurred for Provision of Health Care Services	633,633,072	34,368,611	554,708,301	2,992,403		34,969,806		674,747		5,919,204

⁽a) For health business: number of persons insured under PPO managed care products 178,757

and number of persons under indemnity only products

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ ______882,849

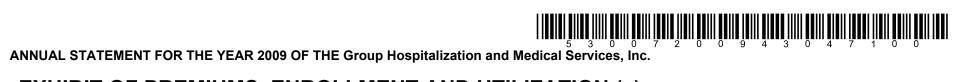


EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Group Hospitalization and Medical Services, Inc.

NAIC Group Code 00380 BUSINESS IN THE STATE C	DF Virginia			DURING THE YEAR 2	2009				(LOCATION) NAIC Company Code	
	1	Compre (Hospital &	hensive & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	119,299	18,027	94,403	2,323		4,009				537
2 First Quarter	129,535	18,758	94,508	2,241		4,100				9,928
3 Second Quarter	129,717	19 , 135	94,095	2,199		4,059				10,229
4. Third Quarter	128,946	19,029	93,527	2,184		4,091				10 , 115
5. Current Year	130,603	19,174	95,055	2,166		4,273				9,935
6 Current Year Member Months	1,554,662	228,005	1,130,706	26,551		49,073				120,327
Total Member Ambulatory Encounters for Year:										
7. Physician	819,562	125,697	658,798	35,067						
8. Non-Physician	127 , 442	18,906	101,999	6,537						
9. Total	947,004	144,603	760,797	41,604	0	0	0	0	0	0
10. Hospital Patient Days Incurred	27,184	4,102	19,123	3,959						
11. Number of Inpatient Admissions	6,227	865	4,774	588						
12. Health Premiums Written (b)	481,059,080	67,631,203	395 , 132 , 262	6,390,645		9,620,821				2,284,149
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	481,059,080	67,631,203	395 , 132 , 262	6,390,645		9,620,821				2,284,149
16. Property/Casualty Premiums Earned	0									·
17. Amount Paid for Provision of Health Care Services	399,242,547	55,516,702	329 , 558 , 442	4,933,728		8,778,181				455 , 494
18. Amount Incurred for Provision of Health Care Services	398,085,758	55,849,518	328,222,999	4,786,869		8,770,878				455,494

⁽a) For health business: number of persons insured under PPO managed care products 119,964 and number of persons under indemnity only products _____

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Group Hospitalization and Medical Services, Inc.

(LOCATION) NAIC Group Code 00380 BUSINESS IN THE STATE OF Consolidated **DURING THE YEAR 2009** NAIC Company Code 53007 Comprehensive (Hospital & Medical) 5 8 10 Federal **Employees** Vision Health Benefit Title XIX Medicare Dental Title XVIII Total Individual Supplement Only Only Plan Medicare Medicaid Other Group Total Members at end of: .347,426 1. Prior Year .882,443 45,421 356,251 ..5,833 12,034 115,473 65 2 First Quarter .859.091 47,063 355,578 ..5,696 11,936 .350,245 .88,508 .859,495 49,511 352,752 ..5,623 350,957 65 _11,301 .89,286 3 Second Quarter 4. Third Quarter .855,646 .50,578 .348,643 ..5,598 352,398 63 .85,312 13,054 861,753 347,469 354,275 63 5. Current Year 51,439 5,546 17,057 85,904 767 6 Current Year Member Months 10,297,022 590.676 4,224,480 67,643 153, 152 4,216,466 1,043,838 Total Member Ambulatory Encounters for Year: 5,951,875 284,701 2,349,619 83,393 3,233,990 172 7. Physician 1,020,077 42,059 365.085 14,477 598,435 21 8. Non-Physician 0 3.832.425 193 6.971.952 326.760 2,714,704 97.870 Total 10. Hospital Patient Days Incurred 285,757 9,472 76,616 10,206 189,433 30 56,849 2,017 19,011 1,592 34,224 11. Number of Inpatient Admissions ..3,265,596,632 .882,849 147,935,241 1,441,443,931 14,935,240 73,389,221 12. Health Premiums Written (b) .1,568,732,026 18,278,124 13. Life Premiums Direct 14. Property/Casualty Premiums Written 15. Health Premiums Earned 3.215.085.473 147.935.241 1.441.443.931 .14.935.240 .73.389.221 1.518.220.867 882.849 18,278,124 16. Property/Casualty Premiums Earned 17. Amount Paid for Provision of Health Care Services 2,875,141,255 .124, 194, 243 ..1,212,144,186 ..11,378,023 .52,683,274 ..1,465,516,935 .572,306 .8,652,288 18. Amount Incurred for Provision of Health Care Services 2.853.445.882 125,648,254 1,203,538,788 11.198.968 53,279,744 1.450.425.693 674.747 8,679,688

(a) For health business: number of persons insured under PPO managed care products 761,158

and number of persons under indemnity only products

15,925

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ _____882.849

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SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
NAIC					Type of			Reserve Liability Other Than For	Reinsurance	Modified	
Company	Federal ID				Reinsurance		Unearned	Unearned	Payable on Paid	Coinsurance	Funds Withheld
Code		Effective Date	Name of Reinsured	Location	Assumed	Premiums	Premiums	Premiums	and Unpaid Losses	Reserve	Under Coinsurance
Affiliates											•
11227 96202	52-2362725 52-1358219 52-1962376	01/01/2007	CapitalCare, Inc	3928 Pender Drive, Suite 100, Fairfax, V	LRSL/G/A LRSL/G/A	8,652					
96202	52-1358219	01/01/2007	CareFirst BlueChoice, Inc	840 First Street NE, Washington, DC	LRSL/G/A	10,000					<u> </u>
60113	52 - 1962376	01/01/2009	FirstCare, Inc	10455 Mill Run Circle, Owings Mills, MD	QA/I/A	6,539,703			889,726		
47058	52-1385894	01/01/2008	CapitalCare, Inc	3928 Pender Drive, Suite 100, Fairfax, V 840 First Street NE, Washington, DC 10455 Mill Run Circle, Owings Mills, MD 10455 Mill Run Circle, Owings Mills, MD	QA/G/A	65,462,912					
0199999 - 1	Total Affiliates					72,021,267	0	0	889,726	0	0
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03999997	Totals					72,021,267	0	0	889,726	0	0

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1 NAIC	2	3	4	5	6	7
Codo	Federal ID Number	Effective Date	Name of Company	Location	Paid Losses	Unpaid Losses
47058 0499999 - Tota	52-1385894 Accident and He	01/01/2008 ealth Affiliates	CareFirst of Maryland	10455 Mill Run Circle, Owings Mills, MD	24,725,173 24,725,173	28,535,002 28,535,002
0699999 - Tota	I - Accident and	d Health			24,725,173	28,535,002
0799999 Tota	ls-Life, Annuity	and Accident and	Health		24,725,173	28,535,002

Reinsurance Ced

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed b	y Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	Outstanding	Surplus Relief	12	13
NAIC								Reserve Credit Taken Other than for Unearned Premiums	10	11	Modified	
Company	Federal ID	Effective Date					Unearned Premiums	Taken Other than for			Coinsurance	Funds Withheld
Code	Number	Effective Date	Name of Company	Location	Туре	Premiums	(Estimated)	Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance
lotal Autho	rized General Ac	count - Affiliates	Constitute of Manual and	40455 Mill Bur Cirolo Ominos Mills MD	04/0/4	440, 050, 000						T
47058	52-1383894	01/01/2008[1	CareFirst of Maryland	10455 Mill Run Circle, Owings Mills, MD	QA/G/A	410,259,620 410,259,620	Λ	0	Λ	Λ	Λ	Λ
0199999	TOTAL AUTHOLIZE	dellerar Account	- AIIIIIales		1	410,209,020	U	U	U	U	0	U
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1599999	Totals		<u> </u>			410,259,620	0	0	0	0	0	0

SCHEDULE S - PART 4

	Reinsurance Ceded to Unauthorized Companies												
1	2	3	4	5	6	7	8	9	10	11	12	13	14
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total Cols. (5+6+7)	Letters of Credit	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+10+11+12+13 Bu Not in Excess of Col. 8
										-			
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4400000	T. I. I												
1199999	lotai			0	0	0	0	0	1 0	0	1 0	0	1 0

Schedule S - Part 5

Five-Year Exhibit of Reinsurance Ceded Business (000 Omitted)

	(000 Omitted)											
		1 2009	2 2008	3 2007	4 2006	5 2005						
Α. (OPERATIONS ITEMS											
1.	Premiums	409,376	386,673	0	0	0						
2.	Title XVIII-Medicare	882	38	0	0	0						
3.	Title XIX-Medicaid	0	0	0	0	0						
4.	Commissions and reinsurance expense allowance		0	0	0	0						
5.	Total hospital and medical expenses	337 , 211	317,320	0	0	0						
В. І	BALANCE SHEET ITEMS											
6.	Premiums receivable		0	0	0	0						
7.	Claims payable	28,535	32,258	0	0	0						
8.	Reinsurance recoverable on paid losses	24,725	26,363	0	0	0						
9.	Experience rating refunds due or unpaid		0	0	0	0						
10.	Commissions and reinsurance expense allowances unpaid.		0	0	0	0						
11.	Unauthorized reinsurance offset	0	0	0	0	0						
	JNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)											
12.	Funds deposited by and withheld from (F)	0	0	0	0	0						
13.	Letters of credit (L)	0	0	0	0	0						
14.	Trust agreements (T)	0	0	0	0	0						
15.	Other (O)	0	0	0	0	0						

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
Cash and invested assets (Line 10)	985,811,573		985,811,573
Accident and health premiums due and unpaid (Line 13)	233,636,800		233,636,800
Amounts recoverable from reinsurers (Line 14.1)	24,725,173	(24,725,173)	0
Net credit for ceded reinsurance	xxx	53,337,994	53,337,994
All other admitted assets (Balance)	643,380,414	(835,899)	642,544,515
6. Total assets (Line 26)	1,887,553,960	27,776,922	1,915,330,882
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	252,990,782	28,535,002	281,525,784
Accrued medical incentive pool and bonus payments (Line 2)	0		0
Premiums received in advance (Line 8)			65,643,239
Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 17)	0		0
Reinsurance in unauthorized companies (Line 18)	0		0
12. All other liabilities (Balance)	807 , 461 , 524	(758,080)	806,703,444
13. Total liabilities (Line 22)	1,126,095,545	27 ,776 ,922	1, 153, 872, 467
14. Total capital and surplus (Line 31)	761,458,437	XXX	761,458,437
15. Total liabilities, capital and surplus (Line 32)	1,887,553,982	27,776,922	1,915,330,904
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid	28,535,002		
17. Accrued medical incentive pool	0		
18. Premiums received in advance			
19. Reinsurance recoverable on paid losses	24,725,173		
20. Other ceded reinsurance recoverables	835,899		
21. Total ceded reinsurance recoverables			
22. Premiums receivable	0		
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
24. Unauthorized reinsurance	0		
25. Other ceded reinsurance payables/offsets			
26. Total ceded reinsurance payables/offsets			
27. Total net credit for ceded reinsurance	53,337,994		

SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

			ted By States and Territ		siness Only		
States, Etc.	AL	1 Life (Group and individual)	2 Annuities (Group and individual)	3 Disability Income (Group and individual)	4 Long-Term Care (Group and individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama 2. Alaska							
			-				
3. Arizona					-		
4. Arkansas			-				
5. California	CA						
6. Colorado							
7. Connecticut							
Delaware District of Columbia					2 004		0.7
	FL				3,691		3,6
10. Florida	GA						
11. Georgia							
12. Hawaii							
13. Idaho					ļ		
14. Illinois	IL				 		
15. Indiana	F		-		-		
16. lowa	F		-				
17. Kansas	KS				-		
18. Kentucky					 		
19. Louisiana	LA				· 		
	ME						
21. Maryland	MD				4,339		4,
22. Massachusetts							
23. Michigan							
24. Minnesota	MN				ļ		
25. Mississippi					ļ		
26. Missouri							
27. Montana							
28. Nebraska							
29. Nevada	NV						
30. New Hampshire			-		-		
31. New Jersey	T I				- 		
32. New Mexico							
33. New York							
34. North Carolina							
35. North Dakota	ND						
36. Ohio	OH						
37. Oklahoma							
38. Oregon							
39. Pennsylvania	PA						
40. Rhode Island					.		
41. South Carolina			.				
42. South Dakota							
43. Tennessee	TN						
44. Texas	TX						
45. Utah	UT				.		
46. Vermont	VT		.		ļ		
47. Virginia	VA		.		6,894		6,
48. Washington	WA				ļ		
49. West Virginia							
50. Wisconsin	wı						
51. Wyoming					<u> </u>		
52. American Samoa							
53. Guam							
54. Puerto Rico	PR						
55. U.S. Virgin Islands	VI						
56. Northern Mariana Islands	MP						
57. Canada							
58. Other Alien							
59. Totals		0		0	14,924	0	14,

39

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
47021	52-2069215	CareFirst, Inc					414,829				414,829	
53007	53-0078070 52-1385894	Group Hospitalization & Medical Services					(40.514.361)	1,901,787			(38,612,574)	44,507,077
47058	52-1385894	CareFirst of Maryland, Inc		(2,500,000)			256,947,152	(4,181,526)			250,265,626	(50,581,371)
00000	52 - 1635265 52 - 1962376	Group Hospitalization & Medical Services		<u> </u>			(2)				(2)	,
60113	52-1962376	First Care, Inc.		2,500,000			(5,481,561)	1,977,688			(1,003,873)	6,074,294
00000	. 52 - 1187907	Willse & Associates					(896,056)				(896,056)	
11227	52-2362725	CapitalCare, Inc					(412,985)	327,051		ļ	(85.934)	
96202	52-1358219	CareFirst BlueChoice, Inc.		<u> </u>			(167,227,174)	1,231,931			(165,995,243)	(700, 104)
00000	52-13309/0	National Capital Administrative Services			 		(1,389,471)		ļ	ļ	(1,389,471)	
00000	52-1118153	National Capital Insurance Agency, Inc. Service Benefit Plan Admin Services Corp. The Dental Network, Inc.					(1,114,816) (38,462,745) (1,862,810)		ļ		(1,114,816)	
00000	20-1907367	Service Benefit Plan Admin Services Corp					(38,462,745)				(38,462,745)	
13130	52-1840919	The Dental Network, Inc					(1,862,810)	(1,256,931)			(3,119,741)	700 , 104
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9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0
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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the

nterro	gatory questions.	Poononoo
4	MARCH FILING	Responses
1.		WAIVED
2.		YES.
3.		YES
4.		YES
	APRIL FILING	
5.		YES
6.		YES
7.		YES
	JUNE FILING	
8.		YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
vhich t	llowing supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar codepplement is required of your company but is not filed for whatever reason enter SEE EXPLANATION and provide an explanation following the in	e will be printed below. If
	MARCH FILING	
10.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
11.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	N0N0
12.		NONO
13.	Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	SEE EXPLANATION
14.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
15.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NONO
16.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	YES
	APRIL FILING	
17.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	YES
18.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
19.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO
xplaı	nation:	
1.		
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3. No	ot a stock company.	
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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

OVERFLOW PAGE FOR WRITE-INS

M014 Additional Aggregate Lines for Page 14 Line 25. *EXEXP - Underwriting and Investment Exhibit - Part 3

		1	2	3	4	5
		Cost	Other Claim	General		
		Containment	Adjustment	Administrative	Investment	
		Expenses	Expenses	Expenses	Expenses	Total
2504.	Miscellaneous expenses reimbursement		(5,489,628)	(18,995)		(5,508,623)
2505.	Interest claims expenses		1,064,425	` ` ` `		1,064,425
2506.	Network Access Reimbursement - PAR		(14,633,265)			(14,633,265)
2507.	Direct Reimbursement - PAR		(4,403,101)			(4,403,101)
2508.	National Miscelleous Credit		```	(21,350)		(21,350)
2509.	Miscellaneous expense	(107,962)	644,978	1,686,643		2,223,659
2510.	Management fee and Investment expense	275,199	963,817	1,442,593		2,681,609
2511.	Interest expense - Rated Groups			27,391		27,391
	Summary of remaining write-ins for Line 25 from Page 14				0	(18,569,255)



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2009
(To Be Filed by March 1)
FOR THE STATE OF District of Columbia

NAIC Group Code 00380	NAIC Company Code	53007
Address (City, State and Zip Code) Owings Mills, Maryland 21117		
Person Completing This Exhibit David Markowitz		
Title Actuaria Assistant	Telephone Number	410-998-4662

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2006 Policies Issued in 2007, 2008, 2009							
		l i					l			11	Incurred	l Claims	14	15	Incurred	Claims	18
		1					l		1		12	13			16	17	
		Standardized															
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
	Blue Cross Blue																-
	Shield 65	P	No		01/01/1965		11/06/1992	07/31/1992	DC BCBS 65	782 555	318,889	40.7	399			0.0	
No	PR065-0790	T _P	No No		07/01/1990		11/06/1992		DC Protection 65	782,555 324,174	158,079	48.7	94			0.0	
	Medigap Plan A DC																
Yes	(5/99)		No	0230500	12/11/1992		10/25/2000	ļ	DC Supplement 65	131,931	259 , 135	196.4	33	39,902	46,110	115.5	9
Yes	Medigap Plan C DC (5/99)		No	0230500	12/11/1992		10/25/2000		DC Supplement 65	315,500	294,644	93.3	70	200,355	429,753	214.4	52
165	Medigap Plan F DC	† ⁽		. 0230300	12/11/1992	ļ	110/25/2000	····	DC Supprement 05		294,044	95.5	10	200,300	429,700	214.4	
Yes	(5/99)	l F	No	0230500	12/11/1992		10/25/2000		DC Supplement 65	859,821	549,413	63.8	215	61,049	85,762	140.4	17
	Medigap UW									, i	·			,	· · · · · · · · · · · · · · · · · · ·		
Yes	PlanC(1/01) DC	. C	No	0234000	10/25/2000	ļ	ļ	ļ	DC Supplement 65	117 , 270	70,396	60.0	76	64,910	65,272	100.5	42
Yes	Medigap UW PlanF(1/01) DC	₋	No	0234000	10/25/2000				DC Supplement 65	968.291	759,062	78.3	493	517.714	383 , 181	74.0	337
	OTAL EXPERIEN	CE ON INDIVID			10/23/2000		+		DC Supprement 05	3,499,542	2,409,618	68.8	1,380	883,930	1,010,078	114.2	457
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0200000 T	OTAL EXPERIEN	CE ON GROUE	P POI ICIES	1		<u> </u>		!		Λ	Λ	0.0	Λ	Λ	0	0.0	0
0233339 1	OTAL LAFLRIEN	OL ON GROUP	1 OLIGILS							0	U	0.0	U	U	U	0.0	U

GENERAL INTERROGATORIES

Ί.	if response in Column 1 is no, give full and complete details:	
	product predates OBRA	

- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: 10802 Red Run Blvd. Owings Mills, MD 21117 ___
 - 2.2 Contact Person and Phone Number: Andrew Sullivan 443-471-5550
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)
 - 3.1 Address: 10802 Red Run Blvd. Owings Mills, MD 21117
 - 3.2 Contact Person and Phone Number: Andrew Sullivan 443-471-555
- 4. Explain any policies identified above as policy type "O".

443-471-5550er 41 U.S.C. 1395u(h) (3) (B).	 	
er 41 U.S.C. 1395u(h) (3) (B).		
443-471-5550		



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2009 (To Be Filed by March 1) FOR THE STATE OF Maryland

NAIC G	roup Code 00380	·	NAIC Company Code	53007
Address	(City, State and Zip Code) Owings Mills, Maryland 21117		
Person	Completing This Exhibit	David Markowitz		
Title	Actuarial Assistant		Telephone Number	410-998-466

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2006			Policies Issued in		
				I						11		d Claims	14	15	Incurred	Claims	18
		1 1		1	l						12	13			16	17	İ
		Standardized															
	Dalla Farm	Medicare	NA . P	Plan	D. (Date	Date	D.1.	B.F. M. L.F. T. L.	D		Percent of	Number of	D		Percent of	Number of
Compliance with OBRA	Policy Form Number	Supplement Benefit Plan	Medicare Select	Character- istics	Date	Approval Withdrawn	Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Premiums Earned	Covered Lives	Premiums Earned	Amount	Premiums Earned	Covered Lives
WILLI OBRA	Number	Benefit Plan	Select	ISUCS	Approved	viilidrawn	Amended	Ciosea	ivame	Earned	Amount	Earned	Lives	Earneu	Amount	Earned	Lives
	Blue Cross Blue			1		-	-	-									
No	Blue Cross Blue Shield 65	P	NoNo		01/01/1965		10/27/1993	06/30/1992	MD BCBS 65	1,710,293	1,167,033 557,765	68.2 81.3	731 279			0.0	
No	PR065-0790	P	No		08/24/1990	ļ	10/27/1993	06/30/1992	MD BCBS 65 MD Protection 65	685,635	557 , 765	81.3	279			<u></u> 0.0	
V	Medigap Plan A (5/99) MD Medigap Plan C	1, 1	No		06/24/1992		00/05/0000	40/04/4000	MD Commitment CF	70.452	04.000	404.0	20			0.0	
Yes	(5/99) MD	- 	NO		06/24/1992		09/25/2000	12/31/1999	MD Supplement 65	/0,452	94,866	134.6	36			<u>0</u> .0	
Yes	(5/99) MD	I _C	No		06/24/1992		09/25/2000	12/31/1999	MD Supplement 65	482.485	240,012	49.7	139			0.0	
	(5/99) MD Medigap Plan F	1															
Yes	(5/99) MD		No		06/24/1992		09/25/2000	12/31/1999	MD Supplement 65	1,212,258	932,727	76.9	358			0.0	
0199999 T	OTAL EXPERIEN	ICE ON INDIVI	DUAL POLICIES	3						4,161,123	2,992,403	71.9	1,543	0	0	0.0	0
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0299990 T	OTAL EXPERIEN	ICE ON GROU	P POLICIES				+	+	+	n	Λ	0.0	n	Λ	n	0.0	n
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GENERAL INTERROGATORIES

1.	If response in Column 1 is no, give full and complete details:
	product predates OBRA

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state

2.1 Address: 10802 Red Run Blvd. Owings Mills, MD 21117 ...

2.2 Contact Person and Phone Number: Andrew Sullivan 443-471-5550

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).

3.1 Address: 10802 Red Run Blvd. Owings Mills, MD 21117 ...

3.2 Contact Person and Phone Number: Andrew Sullivan 443-471-5550

4. Explain any policies identified above as policy type "O".



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2009 (To Be Filed by March 1) FOR THE STATE OF Virginia

NAIC Group Code 00380	3	NAIC Company Code	53007
Address (City, State and Zip Code	Owings Mills, Maryland 21117		
Person Completing This Exhibit	David Markowitz		
Title Actuarial Assistant		Telephone Number	410-998-466

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2006				Policies Issued in 2007, 2008, 2009			
							[11	Incurred		14	15	Incurred		18
				1 1							12	13			16	17	
		Standardized					l <u>.</u> .										
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance with OBRA	Policy Form Number	Supplement Benefit Plan	Medicare Select	Character- istics	Date Approved	Approval Withdrawn	Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Premiums Earned	Covered Lives	Premiums Earned	Amount	Premiums Earned	Covered Lives
WILLIOBRA	Nullibel	Dellelli Flall	Select	islics	Approved	viiliurawii	Amended	Ciosea	Name	Lairieu	Amount	Earrieu	LIVES	Larrieu	Amount	Earrieu	Lives
	Blue Cross Blue			1 1													
No	Shield 65	P	No		01/01/1965			07/31/1992		1,053,649	617,060	58.5	363			0.0	
No	PR065-0790	P	No	.	07/01/1990			07/31/1992	VA Protection 65	328,993	349 , 153	106.1	131			0.0	
Yes	Medigap Plan A VA (5/99)	l, l	No	0230560	07/30/1992		10/12/2000		VA Supplement 65	326,809	538,789	164.8	67	132,574	213,515	161.0	າາ
162	Medigap Plan C VA	†^		. 0230300	0773071992 <u></u>		10/12/2000		va supprement os	320,009		104.0	07	132,374	213,313		عد
Yes	(5/99)	Ic	No	0230560	07/30/1992	<u> </u>	10/12/2000		VA Supplement 65	627,479	501,272	79.8	95	248,405	397,053	159.8	34
	Medigap Plan F VA	l							''	· ·	· ·						
Yes	(5/99) Medigap UW	ļF	No	. 0230500	07/30/1992		10/12/2000		VA Supplement 65	1 , 247 , 431	474,241	38.0	224	35,557	42,910	120.6	9
Yes	Medigap UW PlanC(1/01) VA	l _C	No	0234000	12/29/2000				VA Supplement 65_	150,841	137.747	91.3	70	73,714	191,169	259.3	40
163		l ·		0234000	12/23/2000				VA Supprement 05	100,041	107 ,747				191,103	200.0	
	Medigap UW PlanF(1/01) VA	F	No	0234000	12/29/2000				VA Supplement 65	1,337,841	812,973	60.7	627	827,352	510,987	61.7	<u>474</u>
0199999 T	OTAL EXPERIEN	CE ON INDIVI	DUAL POLICIES	3						5,073,043	3,431,235	67.6	1,577	1,317,602	1,355,634	102.8	589
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	OTAL EVERSE	1	D DOL 10150			ļ	ļ										
0299999 1	OTAL EXPERIEN	CE ON GROUI	PPOLICIES							0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

1.	If response in Column 1 is no, give full and complete details:	
	and the transfer of the CODA	

- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: 10802 Red Run Blvd. Owings Mills, MD 21117
 - 2.2 Contact Person and Phone Number: Andrew Sullivan 443-471-5550
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)
 - 3.1 Address: 10802 Red Run Blvd. Owings Mills. MD 21117
 - 3.2 Contact Person and Phone Number: Andrew Sullivan 443-471-555
- 4. Explain any policies identified above as policy type "O".

der 41 U.S.C. 1395	5u(h) (3) (B).			
443-471-5550				



SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Group Hospitalization and Medical Services, Inc.

MEDICARE PART D COVERAGE SUPPLEMENT

Net of Reinsurance (To Be Filed by March 1)

NAIC Group Code 00380 NAIC Company Code 53007

	Individual Co	overage	Group C	overage	5
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	Total Cash
Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage	6,281,309	XXX		XXX	6,281,309
1.12 Without Reinsurance Coverage					0
1.13 Risk-Corridor Payment Adjustments					
1.2 Supplemental Benefits				ХХХ	
Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage		XXX		XXX	XXX
2.12 Without Reinsurance Coverage				XXX	XXX
2.2Supplemental Benefits				XXX	XXX
Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage		vvv		VVV	VVV
3.12 Without Reinsurance Coverage					
			I .		
3.2 Supplemental Benefits 4. Risk-Corridor Payment Adjustments-change					۸۸۸
-		VVV		VVV	VVV
4.1Receivable					
4.2Payable		XXX		XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage					
5.12 Without Reinsurance Coverage				XXX	XXX
5.13 Risk-Corridor Payment Adjustments		XXX		XXX	XXX
5.2Supplemental Benefits	258,394	XXX		XXX	XXX
6. Total Premiums	6,539,703	XXX	0	XXX	6,539,703
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage	5,613,008	XXX		XXX	5,613,008
7.12 Without Reinsurance Coverage		XXX		XXX	0
7.2Supplemental Benefits	216,729	XXX		XXX	216,729
Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage	(7,391)	XXX		XXX	XXX
8.12 Without Reinsurance Coverage	0	XXX		XXX	XXX
8.2 Supplemental Benefits	14,385	XXX		XXX	XXX
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage		XXX		XXX	XXX
9.12 Without Reinsurance Coverage					
9.2Supplemental Benefits				XXX	XXX
10 Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage	5 605 617	XXX	0	XXX	XXX
10.12 Without Reinsurance Coverage		XXX		XXX	XXX
10.2Supplemental Benefits	231,114	XXX	0	XXX	XXX
11. Total Claims	5,836,731	XXX	0	XXX	5,829,737
Reinsurance Coverage and Low Income Cost Sharing	0,000,731	۸۸۸	0	۸۸۸	5,023,131
Reinsurance Coverage and Low income Cost Sharing 12.1 Claims Paid – Net of Reimbursements Applied	vvv		vvv		^
					 ^
12.2 Reimbursements Received but Not Applied-change				,	0
12.3 Reimbursements Receivable-change			1		XXX
12.4 Health Care Receivables-change					XXX
13. Aggregate Policy Reserves-change					XXXXXX
14. Expenses Paid		XXX		XXX	1,596,365
15. Expenses Incurred		XXX		XXX	XXX
16. Underwriting Gain/Loss	(893, 393)	XXX	0	XXX	XXX
17. Cash Flow Results	XXX	XXX	XXX	XXX	(886,399)

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